

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/517,208</td> </tr> <tr> <td>Filing Date</td> <td>December 8, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>David C. Gladman</td> </tr> <tr> <td>Title</td> <td>Powder Formed of Particles of Biliquid Foam</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>Jefferey T Palenik</td> </tr> <tr> <td>Attorney Docket Number</td> <td>1045-007</td> </tr> </table>	Application Number	10/517,208	Filing Date	December 8, 2004	First Named Inventor	David C. Gladman	Title	Powder Formed of Particles of Biliquid Foam	Art Unit	1615	Examiner Name	Jefferey T Palenik	Attorney Docket Number	1045-007
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Examiner Name	Jefferey T Palenik														
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I hereby revoke all previous powers of attorney given in the above-identified application.

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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
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<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>		
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/56) submitted herewith or filed on _____	SIGNATURE of Applicant or Assignee of Record <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>
Signature	Date <u>28/7/2010</u>
Name <u>DR STEPHEN LENON</u>	Telephone <u>01372 825109</u>
Title and Company <u>TECHNICAL DIRECTOR, DRUG DELIVERY SOLUTIONS LIMITED</u>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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